

<i>SERFF Tracking Number:</i>	<i>TRVD-125771521</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmington Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>2008-08-0022</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0002 Employers Liability WC</i>
<i>Product Name:</i>	<i>Workers Compensation and Employers Liability Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation and Employers Liability Rule Filing/2008-08-0022</i>		

## Filing at a Glance

Companies: Farmington Casualty Company, NIPPONKOA Insurance Company Ltd.,(U.S.Branch), The Charter Oak Fire Insurance Company, The Phoenix Insurance Company, The Standard Fire Insurance Company, The Travelers Indemnity Company, The Travelers Indemnity Company of America, The Travelers Indemnity Company Of Connecticut, Travelers Casualty and Surety Company, Travelers Casualty Insurance Company of America, Travelers Property Casualty Company of America

Product Name: Workers Compensation and Employers Liability Rule Filing	SERFF Tr Num: TRVD-125771521	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 16.0002 Employers Liability WC	Co Tr Num: 2008-08-0022	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Authors: Gene Johnkoski Jr., Elvira Pishkina	Disposition Date: 08/12/2008
	Date Submitted: 08/12/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2009		Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): 01/01/2009		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: Workers Compensation and Employers Liability Rule Filing	Status of Filing in Domicile: Not Filed
Project Number: 2008-08-0022	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: Item R-1398
Reference Title:	Advisory Org. Circular: CIF-2008-11
Filing Status Changed: 08/12/2008	
State Status Changed: 08/12/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	

<i>SERFF Tracking Number:</i>	<i>TRVD-125771521</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0002 Employers Liability WC</i>
<i>Product Name:</i>	<i>Workers Compensation and Employers Liability Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation and Employers Liability Rule Filing/2008-08-0022</i>		

In compliance with the insurance laws and regulations in your state, we respectfully submit this filing for your review. We are filing this notification to adopt the following NCCI filing contained in Circular CIF-2008-11:

- Item R-1398 - 2008 Update to the Retrospective Rating Plan Parameters-State Hazard Group Relativities

Enclosed you will find the appropriate state filing forms and fees.

Your approval of this filing would be appreciated. Should you have any questions regarding our submission, please feel free to contact me at your convenience.

## Company and Contact

### Filing Contact Information

Eugene Johnkoski, Senior Regulatory Analyst	ERJOHNKO@travelers.com
One Tower Square	(860) 277-2051 [Phone]
Hartford, CT 06183	(860) 954-0580[FAX]

### Filing Company Information

Farmington Casualty Company	CoCode: 41483	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-5660 ext. [Phone]	FEIN Number: 06-1067463	

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NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	CoCode: 27073	State of Domicile: New York
One Tower Square	Group Code: 2558	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 98-0032627	

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The Charter Oak Fire Insurance Company	CoCode: 25615	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0291290	

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The Phoenix Insurance Company	CoCode: 25623	State of Domicile: Connecticut
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<i>Company Tracking Number:</i>	<i>2008-08-0022</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0002 Employers Liability WC</i>
<i>Product Name:</i>	<i>Workers Compensation and Employers Liability Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation and Employers Liability Rule Filing/2008-08-0022</i>		

One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	Group Code: 3548 Group Name: FEIN Number: 06-0303275 -----	Company Type: State ID Number:
The Standard Fire Insurance Company One Tower Square Hartford, CT 06183 (860) 277-5660 ext. [Phone]	CoCode: 19070 Group Code: 3548 Group Name: FEIN Number: 06-6033509 -----	State of Domicile: Connecticut Company Type: State ID Number:
The Travelers Indemnity Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25658 Group Code: 3548 Group Name: FEIN Number: 06-0566050 -----	State of Domicile: Connecticut Company Type: State ID Number:
The Travelers Indemnity Company of America One Tower Square Hartford, CT 01683 (860) 277-6470 ext. [Phone]	CoCode: 25666 Group Code: 3548 Group Name: FEIN Number: 58-6020487 -----	State of Domicile: Connecticut Company Type: State ID Number:
The Travelers Indemnity Company Of Connecticut One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25682 Group Code: 3548 Group Name: FEIN Number: 06-0336212 -----	State of Domicile: Connecticut Company Type: State ID Number:
Travelers Casualty and Surety Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 19038 Group Code: 3548 Group Name: FEIN Number: 06-6033504 -----	State of Domicile: Connecticut Company Type: State ID Number:
Travelers Casualty Insurance Company of America One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 19046 Group Code: 3548 Group Name: FEIN Number: 06-0876835	State of Domicile: Connecticut Company Type: State ID Number:

<i>SERFF Tracking Number:</i>	<i>TRVD-125771521</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>2008-08-0022</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0002 Employers Liability WC</i>
<i>Product Name:</i>	<i>Workers Compensation and Employers Liability Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation and Employers Liability Rule Filing/2008-08-0022</i>		

Travelers Property Casualty Company of America	----- CoCode: 25674	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 36-2719165 -----	

SERFF Tracking Number: TRVD-125771521 State: Arkansas

First Filing Company: Farmington Casualty Company, ... State Tracking Number: EFT \$25

Company Tracking Number: 2008-08-0022

TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC

Product Name: Workers Compensation and Employers Liability Rule Filing

Project Name/Number: Workers Compensation and Employers Liability Rule Filing/2008-08-0022

## Filing Fees

Fee Required? Yes

Fee Amount: \$25.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmington Casualty Company	\$0.00	08/12/2008	
NIPPONKOA Insurance Company	\$0.00	08/12/2008	
Ltd.,(U.S.Branch)			
The Charter Oak Fire Insurance Company	\$0.00	08/12/2008	
The Phoenix Insurance Company	\$0.00	08/12/2008	
The Standard Fire Insurance Company	\$0.00	08/12/2008	
The Travelers Indemnity Company	\$25.00	08/12/2008	21903707
The Travelers Indemnity Company of America	\$0.00	08/12/2008	
The Travelers Indemnity Company Of	\$0.00	08/12/2008	
Connecticut			
Travelers Casualty and Surety Company	\$0.00	08/12/2008	
Travelers Casualty Insurance Company of	\$0.00	08/12/2008	
America			
Travelers Property Casualty Company of	\$0.00	08/12/2008	
America			

<i>SERFF Tracking Number:</i>	<i>TRVD-125771521</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmington Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>2008-08-0022</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0002 Employers Liability WC</i>
<i>Product Name:</i>	<i>Workers Compensation and Employers Liability Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation and Employers Liability Rule Filing/2008-08-0022</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	08/12/2008	08/12/2008

SERFF Tracking Number:	TRVD-125771521	State:	Arkansas
First Filing Company:	Farmington Casualty Company, ...	State Tracking Number:	EFT \$25
Company Tracking Number:	2008-08-0022		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0002 Employers Liability WC
Product Name:	Workers Compensation and Employers Liability Rule Filing		
Project Name/Number:	Workers Compensation and Employers Liability Rule Filing/2008-08-0022		

## Disposition

Disposition Date: 08/12/2008  
Effective Date (New): 09/01/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>TRVD-125771521</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>2008-08-0022</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0002 Employers Liability WC</i>
<i>Product Name:</i>	<i>Workers Compensation and Employers Liability Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation and Employers Liability Rule Filing/2008-08-0022</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes



<i>SERFF Tracking Number:</i>	<i>TRVD-125771521</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmington Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
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<i>Product Name:</i>	<i>Workers Compensation and Employers Liability Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation and Employers Liability Rule Filing/2008-08-0022</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVD-125771521 State: Arkansas  
First Filing Company: Farmington Casualty Company, ... State Tracking Number: EFT \$25  
Company Tracking Number: 2008-08-0022  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC  
Product Name: Workers Compensation and Employers Liability Rule Filing  
Project Name/Number: Workers Compensation and Employers Liability Rule Filing/2008-08-0022

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	08/12/2008
<b>Comments:</b>				
<b>Attachment:</b>	Transmittal.pdf			
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b>	Approved	08/12/2008
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Approved	08/12/2008
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				

**Property & Casualty Transmittal Document**

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		


<b>3. Group Name</b>	<b>Group NAIC #</b>
The Travelers Companies, Inc.	3548
NIPPONKOA Insurance Company of America	2558

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Travelers Indemnity Company	CT	25658	06-0566050	
The Charter Oak Fire Insurance Company	CT	25615	06-0291290	
The Travelers Indemnity Company of Connecticut	CT	25682	06-0336212	
The Travelers Indemnity Company of America	CT	25666	58-6020487	
The Phoenix Insurance Company	CT	25623	06-0303275	
Travelers Property Casualty Company of America	CT	25674	36-2719165	
NIPPONKOA Insurance Company, Ltd.	NY	27073	98-0032627	
Travelers Casualty and Surety Company	CT	19038	06-6033504	
Travelers Casualty Insurance Company of America	CT	19046	06-0876835	

<b>5. Company Tracking Number</b>	<b>2008-08-0022</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Gene Johnkoski, Jr. Travelers One Tower Square Hartford, CT 06183	Senior Regulatory Analyst	(860) 277-2051	(860) 954-0580	ERJOHNKO@Travelers.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Gene Johnkoski, Jr.

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0
10. Sub-Type of Insurance (Sub-TOI)	16.0002
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers' Compensation and Employers Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/09      Renewal: 01/01/09
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	Item R-1398 (Circular CIF-2008-11)
18. Company's Date of Filing	08/12/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	2008-08-0022
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In compliance with the insurance laws and regulations in your state, we respectfully submit this filing for your review. We are filing this notification to adopt the following NCCI filing contained in Circular CIF-2008-11:

- Item R-1398 - 2008 Update to the Retrospective Rating Plan Parameters-State Hazard Group Relativities

Enclosed you will find the appropriate state filing forms and fees. We plan to implement these changes for all policies effective on and after January 1, 2009.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:** EFT  
**Amount:** 25.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	2008-08-0022
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input checked="" type="checkbox"/> Rate Neutral (0%)		

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	XXXXXXXXXXXXXXXXXXXXXXXXXX
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
N/A							

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE

5a.	Overall percentage rate indication (when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	N/A	
5c.	Effect of Rate Filing – Written premium change for this program	N/A	
5d.	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
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7.	Effective Date of last rate revision	N/A
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	N/A	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	